STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

State: **Illinois**

MANDATORY ENROLLMENT IN MANAGED CARE ENTITIES

Citation	Condition or Requirement
	D. Eligible groups.
1932(a)(1)(A)(i)	1. List all eligible groups that will be enrolled on a mandatory basis. All individuals not otherwise excluded in sections (E) and (F) of this attachment.
	2. Mandatory exempt groups identified in 1932(a)(1)(A)(i) and 42 *CFR* 438.50. *[Use a check mark to affirm if there is voluntary enrollment any of the following mandatory exempt groups.]*
1932(a)(2)(B) 42 *CFR* 438(d)(1)	☐ i. Recipients who are also eligible for Medicare. If enrollment is voluntary, describe the circumstances of enrollment. *[Example: Recipients who become Medicare eligible during mid-enrollment, remain eligible for managed care and are not disenrolled into fee-for-service.]*
1932(a)(2)(C) 42CFR 438(d)(2)	☑ ii. Indians who are members of federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the *Indian Self Determination Act*; or an urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the *Indian Health Care Improvement Act*. If the recipient actively chooses to voluntarily enroll in PCCM, the recipient will maintain the same benefits and have the same co-pays they currently have with their medical card. If the recipient voluntarily enrolls they will participate in PCCM in accordance with the policies of the program, including the ability to change their PCP one time per month.
1932(a)(2)(A)(i) 42 *CFR* 438.50(d)(3)(i)	☐ iii. Children, under the age of 19 years, who are eligible for Supplemental Security Income (SSI) under title XVI.
1932(a)(2)(A)(iii) 42 *CFR* 438.50(d)(3)(iii)	☐ iv. Children, under the age of 19 years, who are eligible under the Act.
1932(a)(2)(A)(v) 42 *CFR* 438.50(3)(iii)	☐ v. Children, under the age of 19 years, who are in foster care or other out-of-the-home placement.
1932(a)(2)(A)(iv) 42 *CFR* 438.50(3)(iv)	☐ vi. Children, under the age of 19 years, who are receiving foster care or adoption assistance under title IV-E.
1932(a)(2)(A)(ii) 42 *CFR* 438.50(3)(v)	☐ vii. Children, under the age of 19 years, who are receiving services through a family-centered, community based, coordinated care system that receives grant funds under section 501(a)(1)(D) of title V, and is defined by the State in terms of either program participation or special health care needs.
	E. Identification of Mandatory Exempt Group
1932(a)(2) 42 *CFR* 438.50(d)	1 Describe how the State defines children who receive services that are funded under section 501(a)(1)(D) of title V. *[Examples: children receiving services at a specific clinic or enrolled in a particular program.]* Children identified as either receiving services from, or participating in, a particular program will be identified through the use of paid claims data.

Citation	Condition or Requirement

- Individuals enrolled in the following limited benefits programs:
  - Illinois Healthy Women.
  - All Kids Rebate.
  - Family Care Rebate.
  - Illinois Cares Rx (formerly SeniorCare/Circuit Breaker).
  - Emergency medical assistance only under the provisions of section 1903(v)(2) of the *Social Security Act*
  - State Renal Dialysis.
  - State Hemophilia.
- Populations already managed:
  - High-level third-party liability/private insurance
  - Individuals under 21 years of age with special needs, who are not excluded pursuant to E.2 above, whose care is managed by the Division of Specialized Care for Children of the University of Illinois at Chicago or directly by the department.
  - Participants in the Program for All-Inclusive Care for the Elderly.

42 *CFR* 438.50

G. List all other eligible groups who will be permitted to enroll on a voluntary basis.

~~None.~~

Indians who are members of federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the *Indian Self Determination Act*; or an urban Indian program operating under a contract or grant with the Indian Health Service pursuant to title V of the *Indian Health Care Improvement Act*.

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H. Enrollment process.

1932(a)(4)
42 *CFR* 438.50

1. Definitions
   i. An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient during the previous year. This may be established through State records of previous managed care enrollment or fee-for-service experience or through contact with the recipient.
   ii. A provider is considered to have "traditionally served" Medicaid recipients if it has experience in serving the Medicaid population.

1932(a)(4)
42 *CFR* 438.50

2. State process for enrollment by default

   Describe how the State's default enrollment process will preserve:

   i. The existing provider-recipient relationship (as defined in H.1.i). Existing provider-client relationships will be considered based on historical claims data.